

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2774

State File No. ....

318

1003

260

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 20 Days				e. STREET ADDRESS (If rural, give location) 16 3548 a Magnolia			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Incarnate Word Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Essie			b. (Middle) (Mary)		c. (Last) Hopper		4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 7, 1891		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Month: 3 Days: 0	IF UNDER 24 HRS. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Operator		10b. KIND OF BUSINESS OR INDUSTRY Paramount Shoe		11. BIRTHPLACE (City and State or Foreign Country) Mt. Pleasant, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert J. Kinney			13b. MOTHER'S MAIDEN NAME Mary Klopstein		14. NAME OF HUSBAND OR WIFE Armel Hopper (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-01-6155		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel W. Bauer R.R. 2 Ewing, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Failure with Bihateral Pleural effusion</i> ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Diabetes</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  260x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 30, 1955</i> , to <i>Jan-7, 1956</i> ; that I last saw the deceased alive on <i>Jan 7, 1956</i> , and that death occurred at <i>10:15 Pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Dr. H. O. Bond M.D.</i>				23b. ADDRESS <i>2919 So Kingshighway</i>		23c. DATE SIGNED <i>1/9/56</i>	
24a. BURYAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 10, 1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		
DATE REC'D BY LOCAL REG. JAN 9 1956		REGISTRAR'S SIGNATURE <i>J. C. Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec St.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. O DOWD

PR. 2-5100

2919 So. Kingshighway

2:00 P.M. TO 3:00 P.M.

AUG 18 1956

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Jack Haupt*

Licensed Embalmer No. *474*

P. O. Address.....  
*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.